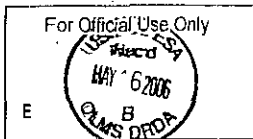


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



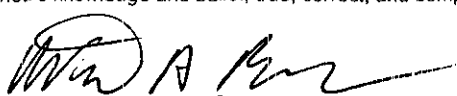
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 06948	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Walter A Barrows P.O. Box, Bldg., Room No., if any Street 3 Garden Court City Front Royal State Virginia ZIP Code + 4 22630	4. Name, file number, and address of labor organization. Name Brotherhood of Railroad Signalmen Labor Organization File Number 000-167 P.O. Box, Building and Room Number, if any Street 917 Shenandoah Shores Rd City Front Royal State Virginia ZIP Code + 4 22630
5. Position in labor organization. Secretary Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 5/10/2006	540-622-6521
	Date	Telephone Number

Name of Person Filing Walter Barrows	File Number U- 06948
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name United HealthCare (UHC)</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 450 Columbia Blvd</p> <p>City Hartford</p> <p>State Connecticut ZIP Code +4 06115</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name National Carrier Conference Committee</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1901 L Street</p> <p>City Washington</p> <p>State District of Columbia ZIP Code +4 20036</p>	<p>11.a. Nature of such dealing.</p> <p>UHC provides health care plan to the union and administrator and provides health care plan to the railroad employers. Union plan is 350K annually the employer plan is 1.2 Billion annually.</p>
	<p>11.b. Approximate dollar value of such dealing. 1,200,000,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>IN the normal course of business UHC has provied meals and golf to my spouse and I</p>
	<p>12.b. Amount. \$2,723</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Railroad Retirement Investment Trust (NRRIT)</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 500</p> <p>Street 1250 Eye Street NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code +4 20005</p>	<p>14.a. Nature of payment.</p> <p>Expenses for meals and lodging during 2005 while serving as a trustee on the NRRIT Board</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$1,100</p>